

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000005147

1. Entity Name
**THE LAKE PLACID NOON ROTARY CLUB FOUNDATION,
INC.**



Principal Place of Business
**165 E. INTERLAKE BLVD
LAKE PLACID, FL 33852**

Mailing Address
**165 E. INTERLAKE BLVD
LAKE PLACID, FL 33852**



01042006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0800421

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STRATTON, W. BRUCE
165 E. INTERLAKE BLVD.
LAKE PLACID, FL 33852**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

000000379542
01/10/06-80025-021 61.25

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ELLIOTT, MATT
STREET ADDRESS P.O. BOX 3131
CITY-ST-ZIP LAKE PLACID, FL 33862

TITLE VPD
NAME STOKES, KEITH
STREET ADDRESS 1539 LAKE CLAY DRIVE
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE SD
NAME BROWN, WILLIAM
STREET ADDRESS 113 LEMON ROAD, N.E.
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE TD
NAME STRATTON, BRUCE
STREET ADDRESS 165 E. INTERLAKE BLVD.
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Bruce Stratton **Bruce Stratton** **1/4/06** **8636995544**